Department of Health Services
Licensing and Certification Program
Aide and Technician Certification Section (ATCS)
1615 Capitol Avenue, MS 3301
P.O. Box 997416
Sacramento, CA 95899-7416
Telephone number: (916) 327-2445
Fax number: (916) 552-8785

# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

**TYPE OR PRINT. See reverse side for instructions.**

Provider name and address:

Provider identification training number: _____

Phone: (  ) _____

County: _____

School training site address (if different): _____

_____

_____

Director of Staff Development/Instructor: _____ ☐ RN ☐ LVN
Signature

Director DON/RN Director: _____
Signature

The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the certification training program 30 days prior to the enactment.

Core curriculum content shall include all topics listed in Title 22, California Code of Regulations, Section 71835, and Code of Federal Regulations (CFR), Section 483.152.

**NOTE:** Clinical training supervised by a licensed nurse free of other responsibility while supervising shall take place in a skilled nursing facility or intermediate care facility and shall be conducted concurrently with classroom instruction. During clinical training, there shall be no more than 15 students to each instructor. **Whichever school/agency/facility has been approved by the Department to teach the certification training program must provide both the theory and the clinical supervised training with their staff.**

_____ = Ratio of licensed instructor to students for supervised clinical training.

Supervised clinical training hours will be from _____ a.m. to _____ a.m./p.m. (must be between 6:00 a.m. and 8:00 p.m.).

_____ 16 hours of required federal training will be given prior to direct patient care.

Name of curriculum used: _____ Student fees*: _____
*Facilities may not charge for training.

**I certify** that the above information is true and correct.

_____ _____
Signature Date

| | | A | B |
|---|---|---|---|
| Module I: | INTRODUCTION | Theory _____ | Clinical _____ |
| Module II: | Patients' Rights | Theory _____ | Clinical _____ |
| Module III: | Interpersonal Skills | Theory _____ | Clinical _____ |
| Module IV: | Prevention Management of Catastrophe and Unusual Occurrence | Theory _____ | Clinical _____ |
| Module V: | Body Mechanics | Theory _____ | Clinical _____ |
| Module VI: | Medical and Surgical Asepsis | Theory _____ | Clinical _____ |
| Module VII: | Weights and Measures | Theory _____ | Clinical _____ |
| Module VIII: | Patient Care Skills | Theory _____ | Clinical _____ |
| Module IX: | Patient Care Procedures | Theory _____ | Clinical _____ |
| Module X: | Vital Signs | Theory _____ | Clinical _____ |
| Module XI: | Nutrition | Theory _____ | Clinical _____ |
| Module XII: | Emergency Procedures | Theory _____ | Clinical _____ |
| Module XIII | Long-Term Care Patient | Theory _____ | Clinical _____ |
| Module XIV: | Rehabilitative Nursing | Theory _____ | Clinical _____ |
| Module XV: | Observation and Charting | Theory _____ | Clinical _____ |
| Module XVI: | Death and Dying | Theory _____ | Clinical _____ |
| Total Hours: | | _____ | _____ |

PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR APPROVAL OF THE CERTIFICATION TRAINING PROGRAM:

1. Four sample lesson plans selected from different modules, one of which shall be "Patient Care Skills," shall include:
   a. The student behavioral objective(s).
   b. A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught.
   c. The method of teaching.
   d. The method of evaluating knowledge and demonstrable skills.
2. A sample of the skills return demonstration record used for each trainee which shall include:
   a. A listing of the duties and skills the nurse assistant must learn.
   b. Space to record the date when the nurse assistant performs each duty/skill.
   c. Spaces to note satisfactory or unsatisfactory performance.
   d. Signature of the approved Director of Staff Development/Instructor.
3. A sample of the individual student record used for documenting theory and clinical training.
4. A schedule of training which lists theory topics and hours and clinical objectives and hours for the entire course.

***Department of Health Services Use Only***

☐ Approved By: _____ _____
Program Consultant Date